Exhibit 5



DATE: 07/10/2012 DOCUMENT ID 201219100480 DESCRIPTION LIMITED LIABILITY COMPANY -AMENDMENT (LAM) FILING

EXPED PENAL

CERT .00 COPY

Receipt

This is not a bill. Please do not remit payment.

JASON O'DELL 8044 MONTGOMERY RD STE. 440 CINCINNATI, OH 45236

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

1712826

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

OJM GROUP, LLC

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

LIMITED LIABILITY COMPANY - AMENDMENT

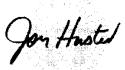
201219100480



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of July, A.D. 2012.

Ohio Secretary of State

Jon Hostel



Doc ID -->

Form 543A Prescribed by: Ohio Secretary of State JON HUSTED Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov

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	ing Fee: \$50		Tyll and the second
HECK ONLY ONE (1) BOX)			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Domestic Limited Liability Company	(2) Domestic I	imited Liability Compar	iy .
Amendment (129-LAM)	☐ Restat	ement (142-LRA)	
07-11-2007			3
Date of Formation	Date	of Formation	
e undersigned authorized representative of:			
O'Dell Jarvis Mandell, LLC			
Name of limited liability company			· · · · · · · · · · · · · · · · · · ·
1712826			
Registration Number			
OJM Group, LLC			
Name must include one of the following words or al "Itd." or "Itd"	bbreviations: "limited liabili	ty company," "limited," "	'LLC," "L.L.C.,"
is limited liability company shall exist for a period of	f.	-	
	Period of Existence	wd	
'urpose			
For any lawful purpose.			

Form 543A	Page 1 of 2	L	ast Revised: 1/9/12

Signature Manager By (if applicable) Jason O'Dell Print Name	
Signature Manager By (if applicable) Jason O'Dell Print Name	
By (if applicable) Jason O'Dell Print Name	
By (if applicable) Jason O'Dell Print Name	
Print Name	
Print Name	
Signature	
Signature	
Signature	
-	
By (if applicable)	
Print Name	
Signature	
D. Charles	
By (if applicable)	
Print Name	
	Print Name Signature By (if applicable)



Form 590 Prescribed by: JON HUSTED Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Consent for Use of Similar Name

(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)

lame of Entity/Individual Giving	Consent O'Dell Jarvis Mandell, LLC		
Charter/Registration/License Nur	mber of Entity giving Consent 1712826		
Gives it Consent To	OJM Group, LLC		
To Use The Name	OJM Group		
By signing and submitting this fo equisite authority to execute this	rm to the Ohio Secretary of State, the undersigned her a document.	eby certifies that he or she has the	
REQUIRED Consent form must	Alos-		
oe signed by an authorized	Signature		
representative of the consenting entitly.	Manager	And the state of t	
If authorized representative is an individual, then they	By (if applicable)		
must sign in the "signature" box and print their name	Jason O'Dell		
in the "Print Name" box.	Print Name		
If authorized representative			
is a business entity, not an individual, then please print			
the business name in the "signature" box, an	Signature		
authorized representative of the business entity			
must sign in the "By" box and print their name in the "Print Name" box.	By (if applicable)		
		The state of the s	
	Print Name	Last Revised: 2/6/12	
Form 590	Page 1 of 1	Last Reviseu. 270/12	